PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

lication No.:

09/933,685

Filing Date:

08/20/2001

Applicant:

Jason F. Hunzinger

Group Art Unit

2645

Examiner:

Lisa Hashem

Title:

RESOLVING

AMBIGUOUS

SECTOR-LEVEL

LOCATION AND DETERMINING MOBILE LOCATION

Attorney Docket:

4041L-000096

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

In response to the Office Action mailed <u>December 2, 2004, Paper No./Mail Date</u> 11172004, please amend and reconsider the above referenced patent application as follows.

Applicant hereby petitions under the provisions of 37 C.F.R. § 1.136(a) for a one month extension of time in which to respond to the outstanding Office Action and includes a fee as set forth in 37 C.F.R. § 1.17(a) with this response for such extension of time.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 13 of this paper.

03/28/2005 MBELETE1 00000068 09933685

01 FC:1251

120.00 OP

TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Number	09/933,685					
			Filing Date	08/20/2001					
			First Named Inventor	Jason F. Hunzinger					
			Art Unit	2645					
			Examiner Name	Lisa Hashem					
Total Number of Pages in This Submission			Attorney Docket Number	4041L-000096					
		ENCLO	SURES (check all that apply)						
		☐ Drawing(s)		After Allowance Communication to Technology Center (TC)					
⊠ Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final		Petition to Convert to a Provisional Application		Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter					
Extension of Time Request		Terminal Disclaimer		Other Enclosure(s) (please identify below):					
Express Abandonment Request		Request for Refund		Return Receipt Postcard					
		CD, Nu	ımber of CD(s)						
☐ Information Disclosure Statement									
Certified Copy of Priority Document(s)		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.							
Response to Missing Parts/ Incomplete Application		, 1000							
Response to Missing Parts under 37 CFR 1.52 or 1.53									
	SIGNA	TURE OF	APPLICANT, ATTORNEY, C	DR AGENT					
Firm or Individual name Harness, Dickey & Pierce, P.L.		Attorney Name Michael J. Schmidt	Reg. No. 34,007						
Signature	market								
Date March	March 23, 2005								
	С	ERTIFICA	TE OF TRANSMISSION/MA	ILING					
I hereby certify that this cor Service with sufficient post			simile transmitted to the USPTC	or deposited with the United States Posta					

Label No. Signature Date March 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated App	Complete if Known									
			Application Number	09/933,685						
FEE TRANSMITTAL for FY 2005			Filing Date	08/20/2001						
			First Named Inventor	Jason F. Hunzinge	Jason F. Hunzinger					
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Lisa Hashem						
Ö			Art Unit	2645						
TOTAL AMOUNT OF PAYMENT	(\$) 120		Attorney Docket No.	4041L-000096						
METHOD OF PAYMENT (check all that apply)										
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :										
□ Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C.										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) inc	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)										
Under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION			- · ·							
1. BASIC FILING, SEARCH,	AND EXAMIN	ATION FEES	•							
	NG FEES	SE	ARCH FEES		ATION FEES					
Application Type Fee	Small Ent (\$) Fee(\$)		Small Ent e(\$) Fee(\$)	<u>ity</u> Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)				
Utility 300	150	<u>re</u> 500		200	100	. 663 i aid (Ψ)				
Design 200	100	100		130	65					
Plant 200	100	300		160	80					
Reissue 300	150	500		600	300					
Provisional 200	100		0 250	0	0					
2. EXCESS CLAIM FEES	100	'	0	J	<u>-</u>	Small Entity				
					Fee (\$)	Fee (\$)				
Fee Description Each claim over 20 (including	,		<u>ree (\$)</u> 50	25						
Each independent claim over			200	100						
Multiple dependent claims			360	180						
	tra Claims	Fee(\$)	Fee Paid (\$)		<u>Multiple i</u>	Dependent Claims				
<u>56</u> -63 or HP= <u>0</u>	x	<u>50</u> =	<u>0</u>	•	<u>Fee (\$)</u>	Fee Paid (\$)				
HP = highest number of total cla	ims paid for, if grea	ter than 20.								
<u>Indep. Claims</u> <u>Ex</u>	<u>tra Claims</u>	<u>Fee(\$)</u>	Fee Paid (\$)							
4 - 6 or HP= 0		<u>200</u> =	= <u>0</u>							
HP = highest number of indepe	ident claims paid fo	r, ir greater than t	J.							
3. APPLICATION SIZE FEE If the specification and drawin	s exceed 100 ch	eets of naner (e	excluding electronics	lly filed sequence	or computer	•				
listings under 37 CFR	1.52(e)), the ann	lication size fee	e due is \$250 (\$125 f	or small entity) for	each additional	50				
sheets or fraction there										
			<u>ch additional 50 o</u>	r fraction there	of <u>Fee (\$)</u>	Fee Paid (\$)				
= <u>C</u>	/ 50 =	<u>0</u> (ro	und up to a whole	number) x		= <u>0</u>				
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): One Month Extension of Time 120										
SUBMITTED BY		/								
Signature	h	1	Registration No.	. 34.007	Telephone	(248) 641-1600				

March 23, 2005 Name (Print/Type) Michael J. Schmidt